

March 26, 2015

SENATE JUDICIARY  
Exhibit No. 3  
Date: 3/26/15  
Bill No. HB 477

**To: Montana Senate Judiciary Committee**

**From: Thomas A. Warr, MD, FACP**

**Re: HB 477**

**Dear Honorable Montana State Senator:**

Please vote against assisted suicide by voting for HB 477.

Adequate hospice care is the recognized standard for end of life medical care. Assisted suicide is bad public policy, stifles active effort at relief of suffering, and is potentially hazardous to survivors of those who commit suicide. The legal status of assisted suicide in Montana needs clarification. This important issue should not have been made by a single county judge.

**Advocates who promote assisted suicide generally cite control and personal freedom.**

As a physician who cares for dying patients, I participate in end of life discussions with my patients and families on a regular basis. This requires experience, expertise and compassion. Patients are often afraid of suffering at the end of their lives. To relieve suffering, we must explore its sources – what are they afraid of? Simply providing education about the dying process relieves considerable anxiety.

I promise my patients that I will be there with them and for them, that I will do everything possible to support them and to relieve all aspects of their suffering. I am honest about limitations that exist. Patients and families appreciate this knowledge, honesty and commitment. **We cannot control everything, especially not with something as simple as a pill.**

In my recent experience, assisted suicide has intruded on these end of life discussions. There has been a tendency to impair and undermine my doctor-patient relationship, as I describe my objections to the procedure. It has been an unwelcome elephant in the room.

Personal freedom is one thing, but assisted suicide is bad public policy. I should not have the freedom to speed excessively down an empty freeway, even if I am only putting myself at risk. (Prudent and Reasonable wasn't.) In medicine, "autonomy" is defined as choosing from reasonable available care options, or refusing treatment, and not whatever a patient wants. But health care professionals also have autonomy and should not have to deal with a morally unacceptable procedure. Assisted should not be legal in Montana, and personal freedom does not justify making it legal.

Here is an example of the effects of bad public policy: Suicide, including AS leaves a legacy of guilt and unresolved grieving. There is risk that other family members may also consider suicide as an option when facing adversity. These facts are denied by proponents of AS. The sequelae of assisted suicide in the patient's survivors are largely unknown. This should be of great concern in Montana, a state with one of the largest suicide rates.

As you are aware, HB 477 specifically does not threaten the medical procedure of palliative sedation, as noted in section 1, (2), (b).

For clarification, **let me describe to you the medical procedure of palliative sedation.** It has been around for 20 years or more. It is accepted by all medical societies, ethical and religious groups, and the US Supreme Court.

At Peace Hospice in Great Falls, policies and procedures were written and reviewed by all relevant administrative and peer committees, a consent form for the patient and/or next of kin is signed and witnessed, an order set is then signed by the patient's physician and the hospice medical director. Sedating medications are then given, **as needed**, and as directed by regular clinician evaluation of the patient's status, using the Richmond Agitation Sedation scale, generally every 4 hours. Other palliative medications and procedures are continued or enhanced.

Palliative sedation follows the ethical principal of double effect: The **intent of inducing sedation is to relieve suffering** that is so severe, and refractory that a potential for an untoward side effect (hastening death) is considered acceptable, **but death is not intended. With assisted suicide, death is specifically intended** as a means for relief of suffering, and as such, this moral principal of double effect is broken: **a good outcome cannot justify a bad policy.** I think this should be particularly important to lawmakers such as yourselves.

Palliative sedation does not always result in death, I have had patients in which, during the sedation, better palliative treatments were employed, and the patient was able to live happily for several more weeks. **It is incorrect to say that “the patient is going to die anyway,”** as claimed by assisted suicide advocates.

Hospice care is the standard of care for the terminally ill, recognized as such by all major medical societies, by all major Judeo-Christian religious traditions, as well as Islam, and by the US Supreme Court. These same groups and organizations do not recognize AS valuable or necessary, and in fact, discourage AS in all position statements. If you ignore this body of wisdom, you do so at the public's peril.

With state of the art end of life care, such as hospice, unrelieved suffering is the exception. This is true for all different groups of patients cared for at the end of life, including terminal cancer, end stage heart or lung disease or degenerative neurologic disorders.

Assisted suicide undermines hospice care. Hospice was meant to make assisted suicide unnecessary. I fear that encouraging assisted suicide by making it legal would make efforts to improve hospice care unnecessary.

You should be aware that, consistently, 10-15% of patients entered on hospice will stabilize or improve and be discharged, alive. They **“graduate from hospice”**. These patients had two physicians sign certifications attesting to a prognosis of 6 months or less. This is why several Montana physicians have testified in committee that **assisted suicide** provides for a very slippery slope, and **allows a physician to be “judge, jury and executioner”**.

The most common requests for assisted suicide in Washington State stem from existential suffering. Research has shown that most existential suffering comes from poor social support, loneliness, and high levels of anxiety and depression, in the setting of chronic, not terminal illness. Proponents of AS support their desire to end their lives. Hospice/palliative care seeks to identify and define the sources of existential suffering and correct them. This vulnerable population should not have to resort to legal suicide.

And finally, I would state my qualifications: I have lived and practiced medicine in Great Falls, Montana since 1989. I am ABIM certified in internal medicine, medical oncology, hematology, and hospice/palliative medicine. I

was medical director of Peace Hospice for 15 years. I have supervised or was directly involved with the deaths of nearly 5000 patients. I am an expert in the medical field of end of life care.

Thank you for reading and for your consideration. I urge you to vote "YES" to HB 477.

Respectfully,

A handwritten signature in black ink, appearing to read "Thomas A. Warr", written in a cursive style.

Thomas A. Warr, MD, FACP

Clinic Cancer Care

3000 15<sup>th</sup> Avenue South

Great Falls, MT 59405

406-454-2171